

# Immaculate Conception Catholic Church

1701 Poplar Street, Buhl, ID 83316  
 Ph: 543-5136 Fax: 543-5714

Envelope # \_\_\_\_\_



Date: \_\_\_\_\_

Family **Last** Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Martial Status:    Married    Widowed    Divorced    Single

<u>Head of Household</u>		Birthdate	Catholic	Baptized	Reconcil.
First Name	Last Name	M/F	Mo/Day/Yr	Employer	Yes/No    Yes/No    Yes/No
1.					
2.					

<u>Children (Living with you)</u>		Birthdate	Catholic	Baptized	Reconcil.
First Name	Last Name	M/F	Mo/Day/Yr	School	Yes/No    Yes/No    Yes/No
1.					
2.					
3.					
4.					
5.					

Processed: Date: \_\_\_\_\_ By: \_\_\_\_\_

PARISH REGISTRATION FORM